

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047375

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

68

Primary Registration District No.

4118

Registrar's No.

63

FILED DEC 23 1963

1. PLACE OF DEATH

a. COUNTY

Christian

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Sparta

Length of stay in lb

75 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

home of Lynn Shipman

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Christian

c. CITY
OR
TOWN

Sparta

d. STREET
ADDRESS

no street address

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Pernecie

Middle

"Nease"

Last

Stacey

4. DATE
OF
DEATH

December 10, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/3/1875

9. AGE (last birthday)

88

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

11. BIRTHPLACE (City and state or country)

Ash Grove, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Newton Cannon

13b. MOTHER'S MAIDEN NAME

Mary Margaret (Unknown)

14. NAME OF HUSBAND OR WIFE

1. William Hiram Shipman
2. Sigel Witty
3. Monroe Stacey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. Lynn Shipman, Sparta, Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Myocardial Dilatation

DUE TO (b)

General Arteriosclerosis

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

January 1st, 1963

to December 10th, 1963

and last saw him alive on 12-5-63

Death occurred at

5:00 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Harren H. Wilson

(Degree or title)

D.O.

22b. ADDRESS

Sparta, Missouri

22c. DATE SIGNED

12-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 12, 1963

23c. NAME OF CEMETERY OR CREMATORY

Linden Cemetery

23d. LOCATION (City, town, or county)

Christian County, Missouri

(State)

24. FUNERAL DIRECTOR

John Harris,

ADDRESS

Ozark, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 16, 1963

26. REGISTRAR'S SIGNATURE

Mary Kaufman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. Alan Harris*

Licensed Embalmer No. 4390

P. O. Address Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit obtained, Dec. 11, 1963.

W. J. R.